

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005904

1. Entity Name
MINNESOTA BBC PROPERTY CO.



Principal Place of Business

7601 PENN AVE S
TAX DEPT
MINNEAPOLIS, MN 55423

Mailing Address

7601 PENN AVE S
TAX DEPT
MINNEAPOLIS, MN 55423



DO NOT WRITE IN THIS SPACE

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1788391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	SCHULZE, RICHARD M
STREET ADDRESS	5015 NOB HILL DRIVE
CITY-ST-ZIP	EDINA, MN 55435
TITLE	DP
NAME	ANDERSON, BRADBURY H
STREET ADDRESS	1874 SUMMIT AVE.
CITY-ST-ZIP	ST. PAUL, MN 55101
TITLE	DV
NAME	LENZMEIER, ALLEN U
STREET ADDRESS	322 MISSISSIPPI RIVER BLVD. N.
CITY-ST-ZIP	ST. PAUL, MN 551044927
TITLE	VT
NAME	JACKSON, DARREN
STREET ADDRESS	290 WOODLAWN AVENUE
CITY-ST-ZIP	SAINT PAUL, MN 551051237
TITLE	VP
NAME	TILTON, G. MICHAEL
STREET ADDRESS	7601 PENN AVE. S.
CITY-ST-ZIP	RAHFELD, MN 55423
TITLE	VS
NAME	JOYCE, JOSEPH M
STREET ADDRESS	13115 - 37TH AVE. N.
CITY-ST-ZIP	PLYMOUTH, MN 55441

**DO NOT WRITE
IN THIS SPACE**

000000354200
05/03/05-80098-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #